

# ARNETT DENTAL CARE

1405 Dudley Drive  
Murray, KY 42071  
(270) 753-6327  
Fax (270) 753-6386

## Minor/Child Consent Form

I am the parent, guardian, or personal representative of \_\_\_\_\_.  
I acknowledge there are no court orders in effect that prohibit me from signing the consent. I do hereby request and authorize the provider and practice staff to perform necessary services for the child named above, including but not limited to x-rays, and treatment which are deemed advisable by the provider, whether or not I am present when the treatment is rendered.

Signature of Parent, Guardian or Personal Representative: \_\_\_\_\_

Print Name Signed Above: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Date \_\_\_\_\_